

Practical Decision Making in Health Care Ethics: Cases and Concepts

Raymond J Devettere, Washington DC, Georgetown University Press, 2000, 639 pages, £25.25, \$35.

My colleagues and I in Birmingham are always on the lookout for an undergraduate textbook for our medical students, which was why I agreed to review this book. By and large it is pitched at an undergraduate audience and covers many of the areas that one might expect to find in a UK undergraduate medical course (consent, making decisions for the incompetent, end-of-life issues, beginning-of-life issues, research, transplantation and medical genetics). It also has a chapter on managed care, which is less relevant to a UK audience but is interesting none the less. (The case study for the chapter on James Adams who, it is alleged, lost both his hands and feet as a result of delays caused by managed care, is a harrowing but salutary reminder of the weaknesses of telephone health care consultations and the dangers of trying to cut costs using protocols in emergency situations). Other issues (for instance, HIV and mental health) make an appearance within chapters. There are many interesting cases and the commentary on these is generally useful and structured in a way that would facilitate teaching and—perhaps more importantly these days—*independent learning*. For instance, in his case analysis Devettere has the subheading “*situational awareness*” where he lists the facts and ethical aspects of each case. This is a fine example to students of how to organise their thoughts around ethics issues and how to pick out the important points of the cases.

There is perhaps more in the way of moral theory than we could expect (at Birmingham at any rate) undergraduate medical students to engage with—but this is perhaps a problem with our medical students rather than the book! The overview of ethics is thorough without being overly detailed. In Chapter three, for instance, Devettere includes a long section called “*distinctions which can mislead*” and whilst I did not agree with the way some of the distinctions were drawn—for instance the difference between the reasonable and the unreasonable really based on whether the action is ethical or not?—

the idea was a good one and overall I thought it was a useful exercise. Devettere claims to “*approach health care ethics from the perspective of an ethics of the good rather than an ethics of obligation . . . more specifically . . . Aristotle’s ethics of the good*” (page 21). This is more obvious when he discusses theory and I found myself disappointed not to find *virtue-theory-in-action* more evident in the case discussions. If this had been achieved it would certainly have made the book more distinctive. This said, the text is a welcome contrast to *principlism*.

The main disadvantage of this book as a textbook for UK undergraduates is that all the legal references are based on US legislation and cases. Of course, this does not mean that the references are not useful or interesting: the ethical discussion generated is applicable and it is proper that students should have an awareness of the differences in approach in different legislatures. Nevertheless, this is a significant disadvantage. Students are unlikely to buy more than one medical ethics text and I fear, therefore, that this book is unlikely to be adopted as a set text outside the USA. It is, however, worth buying for a library and certainly worth a look for teachers of medical ethics—and I do mean medical ethics, despite its title. For my colleagues and I back in Birmingham it looks like another summer revising our own course materials.

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Male and Female Circumcision: Medical, Legal and Ethical Considerations in Pediatric Practice

Edited by George C Denniston, Frederick Mansfield Hodges and Marilyn Fayre Milos, New York, Kluwer Academic/Plenum Publishers, 1999, 547 pages, US\$155.00.

The book is an exploration of the medical, legal, moral and cultural aspects of the practice of circumcision. The title suggests that the book will cover both topics, male and female circumcision. This, however, is misleading. The main focus of this collection is on male circumcision. This is

problematic because the fact that female circumcision is left with much less attention means the reader may get the false impression that the practice of female genital mutilation (FGM) is not very widely spread or has less serious consequences than male circumcision. In reality, however, FGM is still extensively practised in different parts of the world and due to its radical nature its physical, mental and social effects are usually even more devastating than those of male circumcision. This important fact is undermined in the very first chapter of the book, in which the trauma of male circumcision is emphasised by the claim that the differences between male and female circumcision are mainly man-made rationalisations of the issue rather than based on the persistent structural gender inequality.

The study starts with the historical origins of the tradition of circumcision, showing how the justification for the practice has varied from religious and cultural demands to a number of medical explanations. The first article by Nahid Touba brings out the social connections of diseases by focusing on the role that the practice of circumcision has had in medical history. Removal of the male foreskin has been believed to cure insanity, masturbation, epilepsy, cancer of the penis and even cancer of the cervix of the future wives of the circumcised boys as well as sexually transmitted diseases and particularly phimosi (either as a disease or as a cause of other diseases such as cancer). Even presently the relation between circumcision and HIV/AIDS is still extensively studied and debated. This shows that while opinions on the diseases that circumcision is to be used to prevent or to cure has changed throughout the times, circumcision as such has persistently maintained its place as a medical practice.

While the book gives lots of attention to the traditional religious and cultural justifications of circumcision, it also attempts to explain why the practice has persisted this long in modern societies such as America. Articles by Van Hower and Paul M Fleiss, for instance, note that justifications for the routine operation of circumcision in North America are usually based on alleged medical conditions. Thus, the practice has gained stronger rational justification than is generally given to the religious or traditional demands of many other cultures. The same was earlier true in the case of female circumcision in which a form of clitoridectomy was used both